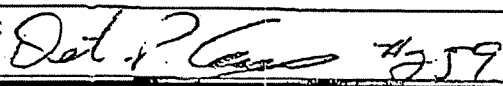



OFFENDER ADDRESS VERIFICATION FORM

POLICE DEPT:	Cherry Hill Police Department		
Name of Offender:	KEVIN BROWN		
Address Provided:	2389 RT. 70 W HOWARD JOHNSON'S ROOM 125 CHERRY CHERRY HILL NJ 08003		
Date of Contact:	1/20/2006		
Name of Person Contacted at Address:	FRONT DESK CLERK		
Relationship to offender:	NONE		
Result of Inquiry:	CONFIRMED REGISTRANT RESIDING IN ROOM 125.		
Proof of Residence:	KEY CARD		
Household Members:	(NAME)	(AGE)	(RELATIONSHIP)
1.	NONE		
2.			
3.			
4.			
5.			
Officer Making Contact:	DET. P. COXSON #259		
Signature:			

I hereby certify that I reside at the above address and that this address has not changed since I last completed a sex offender registration card. I understand that if I move to another address I must inform the Local/State Police in the municipality in which I am registered ten (10) days prior to the move and must re-register with the Local/State Police in my new location. I also understand that a failure to comply with these requirements could result in a criminal conviction, pursuant to N.J.S.A. 2C:7-2(a).


Signature of Registrant

Date of Address Verification: 1/20/2006

00039

Photocopy of Identification: YES (✓) NO ()